

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS ANA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: NEWMAN MANOR II (0009510)

Address: 4604 SPRING ST, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 10/01/2002

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0095905 **End Date:** 10/05/2005 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009821 Served 11/10/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION		
83.05(2)(c)	CLASS A NONAMBULATORY (ANA)		
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING		
83.14(3)	INITIAL TRAINING MEDICATIONS		
83.41(10)(a)	BUILDING MAINTENANCE		
83.41(4)(b)	HEATING SYSTEM MAINTAINED SAFE		
83.42(12)	MAINTENANCE OF EXITS		
83.43(3)(b)1	TESTING BY SERVICE COMPANY		
83.45(1)	ACCESSIBILITY		
83.53(1)(e)1	EXIT SIZE		
83.53(2)(a)	DOORS EXCEPT PATIO DOORS		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 11/07/2005 **SOD #**10009821 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.14(2)

FORFEITURE---83.14(3)

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